or cord blood unit. The form is completed when a formal search is initiated, then every 2 weeks.

3) Donor selection and workup phase: The form contains a description of the donor workup process, details of the selected donor, and transplant plan. This is completed at the time the donor workup request is submitted and when a transplant date has been established.

Once the update form is completed by the search coordinator, it is faxed to the referring physician's office. Each form contains the name and contact number of the coordinator managing the search if needed. **Results:** An informal survey of referring physicias and nursing staff demonstrates a positive response to the update format. Based on this feedback, a user friendly and well defined process to update referring physicians regarding the progress of identifying a suitably matched unrelated donor or cord blood unit has been successfully implemented at a large volume transplant center.

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DOUBLE CORD BLOOD TRANSPLANTS IN PEDIATRIC PATIENTS: IMPLICATIONS FOR NURSES – WHAT IS ALL THE HYPE ABOUT?

Carstens, K.A.[1], Ortiz, J.M.[1], Koontz, S.E.[2], Worth, L.L.[3], Petropoulos, D.[3], Lee, D.A.[3], de Lima, M.J.[4], Shpall, E.[4], Cooper, L.J.N.[3]. [1] Children's Cancer Hospital at The University of Texas M. D. Anderson Cancer Center, Houston, TX; [2] Children's Cancer Hospital at The University of Texas M. D. Anderson Cancer Center, Houston, TX; [3] Children's Cancer Hospital at The University of Texas M. D. Anderson Cancer Center, Houston, TX; [4] The University of Texas MD Anderson Cancer Center, Houston, TX.

In recent years, numerous advances in the field of Stem Cell Transplantation and Cellular Therapy (SCTCT) have been made in treating a variety of cancers and nonmalignant conditions in children. One such novel treatment approach in this patient population has been the infusion of two cord blood units following conditioning with chemotherapy and immune modulating drugs. With this advancement has come the need to educate healthcare providers responsible for the care of patients undergoing this form of transplantation in order to enhance their patient care skills.

Nurses have played an indispensable role in caring for these patients during all phases of the transplantation process. From the initial patient work-up to the time a patient is transferred back to their home clinic, a variety of nurses have several roles and responsibilities which allow for seamless care and optimal patient outcomes. Although many policies and procedures related to double cord blood transplants parallel those associated with other types of transplants, there are some unique challenges and opportunities in this setting of which nurses should be aware.

Using patient examples we will highlight the key points relating to nursing care of pediatric patients undergoing double cord blood transplants. Advantages and disadvantages of double cord blood transplants will be summarized and compared to other methods of transplantation. Additionally, we will present practice standards developed specifically to address some of the unique clinical challenges seen in these patients during the post-transplant period. Following our presentation, nurses are expected to have a broader understanding of the biology and patient care needs of double cord blood recipients as well as the potential for reductions in hospitalization duration, overall costs and morbidity during the post-engraftment period.

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A PRACTICAL TOOL FOR NEWLY SPECIALIZING NURSES

Hogan, M.B. Barnes-Jewish Hospital, St. Louis, MO.

Equipped with three months of training and a voluminous binder, new nurses to BMT traditionally have reported approximately two years of trial and error in their practice before feeling confident about their care. A vast specialized knowledge is required immediately for new nurses' practice, particularly night nurses who are responsible for treating labs drawn by day shift—usually according to standing orders, contacting physicians to adjust treatments based on drug levels, checking chemotherapy orders and giving first doses, and reviewing 24 hours worth of orders for accuracy and consistency to the computer system.

To address new nurses' frustrations, a critical thinking tool was developed on the standard orders. The goal was two–fold: nurses learn the standing orders and bridge gaps between their nursing knowledge bases, specifics to BMT, considerations for each order from rationale and expected effects to observed side effects and contraindications for which to assess before carrying out orders. Some orders lay out algorithms, like those found on crash carts. Preceptors spend approximately one week working in–depth on each page with the new nurses and review the entirety numerous times throughout orientation.

Four new nurses were given this teaching tool; two of the nurses were new graduates, one had a year nursing experience, and one is in orientation currently. Anecdotal evidence has been compelling. The three nurses who successfully completed orientation reported the tool was the first, easiest reference they sought before contacting the on–call physician or even questioning another nurse, and they pocketed the tool during their shifts. Each nurse discovered additional questions, for instance, the implications of radiological tests and often–ordered cardiac enzymes. Therefore, the tool is constantly changing to reflect their needs and similar conjuntive tools are being developed, one entitled "Drips." Additionally, ten veteran nurses requested copies to improve their practice.

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NURSING GUIDELINES FOR THE MANAGEMENT OF STEM CELL TRANSPLANT PATIENTS WITH THROMBOTIC THROMBOCYTOPENIC PURPURA

Babino, E.M.G., Estrella, J.M.E. UT MD Cancer Center, Houston, TX.

Topic/Background: : Stem Cell Transplant (SCT) patients are faced with rigorous challenges throughout the transplant process as a result of chemotherapy regimen, prolonged state of neutropenia and complications brought about by the transplant itself. One complication that has been observed after SCT is Thrombotic Thrombocytopenic Purpura (TTP), also known as Hemolytic Uremic Syndrome (HUS). **Purpose:** The purpose of this abstract to develop nursing guidelines in the care of SCT patients with TTP/HUS. The tool will present nursing assessment, monitoring of symptoms, diagnostic exams, interventions, management and evaluation of treatment. **Discussion/Intervention:** Reports suggest about 13% of SCT patients may develop TTP/HUS and those with prolonged thrombocytopenia, infections, and graft-versus-host-disease (GVHD) are placed at a higher risk (Sawant & Rajadhyaksha, 2005). TTP/HUS is a complex syndrome of vascular endothelial injury and platelet thrombus formation within microvasculature that may lead to ischemia of the brain, kidney or heart, and may even result to death. The SCT nurse plays an important role in the recovery of patients in the acute care setting through clinical knowledge of the disease process, identification of symptoms, critical laboratory values, timely interventions and efficient management of complications. **Implication to Nursing:** Due to the complexity of care of SCT patients and the seriousness of TTP/HUS as a post transplant complication, communication and collaboration between the bedside nurse and the primary team are highly essential. In addition to conventional supportive treatments and monitoring of pertinent laboratory values, timing and immediate initiation of plasma exchange is crucial. **Evaluation:** This poster presentation will include a case study of a patient manifesting the classic symptoms of TTP/HUS and the nursing guidelines to assist the SCT nurse in providing the appropriate care.

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ZAP THAT ENERGY BACK: ENGAGING THE STEM CELL TRANSPLANT PATIENT IN TERTIARY ACTIVITIES

Estrella, J.M.E., Granada, M.L.A. UT MD Anderson Cancer Center, Houston, TX.

Topic/Background: Myeloablative and non-myeloablative regimens have led to increased patient eligibility for Stem Cell

Transplantation (SCT), a procedure used to treat a variety of hematological and autoimmune disorders. Evidence suggest that activity and exercise help minimize debilitation experienced by SCT patients brought about by chemotherapy toxicity, immunosuppression, and other post-transplant complications such as graph-versus-host-disease for allogeneic transplants (Kisch & Pizunski, 2004; Cole & Salvatore, 2002). **Purpose:** The purpose of this poster presentation is to describe the collaborative function of nursing with physical/occupational therapy (PT/OT), including examples of tertiary activities, and outcomes demonstrating the benefits to SCT patients. **Discussion/Intervention:** Nurses play a pivotal role in the reduction of debilitation in SCT patients through consistent assessment of rehabilitation needs and effectiveness of tertiary activities. In a comprehensive center, tertiary activities are multi-faceted and include completing basic activities of daily living such as grooming, ambulation three times per day, group exercises every Tuesday and Thursday, individualized exercise program, one-on-one PT/OT sessions specific for weakness, fatigue, general deconditioning and steroid myopathy. Multidisciplinary rounds are conducted to identify the SCT patient requiring intensive PT/OT and follow-up. In addition, a long-term care group was created to monitor and provide continuity of care to the chronically-ill transplant patient until maximum functionality has been attained. **Evaluation:** This abstract will present a chart that portrays tertiary prevention activities and initiatives, the tools utilized and how these measures benefit the SCT patient. **Implication to Nursing:** The Standards of Oncology Nursing Practice and the comprehensive center's SCT pathway have identified mobility as one of the high-incidence problem areas that needs to be addressed through tertiary activities and exercise programs. Nurses play an integral part in motivating patients and soliciting their participation with tertiary prevention activities that help reduce debilitation and improve quality of life.

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BREAKING THE SILENCE: UNCOVERING SEXUALITY IN STEM CELL TRANSPLANTATION

Granada, M.A., Estrella, J.M.E. UT MD Anderson Cancer Center, Houston, TX.

Topic/Purpose: Sexuality is a fundamental human need. It has a role in self- esteem, body image and quality of life. In a comprehensive cancer center, nursing orientation and education programs in a transplant unit focuses on management of Stem Cell Transplant (SCT) complications. Sexuality assessment and intervention was not a major program aim. The purpose of this quality improvement project was to assess nurses' awareness of models available to guide sexuality assessment and interventions to promote patient education to address identified sexuality concerns. **Intervention:** Nurses participated in informal unit discussions to assess comfort levels with conducting sexuality assessments, knowledge of available resources and barriers to initiating and discussing sexuality with SCT patients. **Discussion/Evaluation:** During discussions, a number of nurses expressed addressing sexuality only when patients relayed their apprehensions. Moreover, nurses were not always aware of available sexuality models to be effective educators and advocates for the SCT population. Results from the discussion yielded information to develop a sexuality in-service program for SCT nurses. The program will include an introduction of several available models to increase nurses' knowledge and confidence with sexuality assessments. Education about all available models will supply nurses a baseline understanding of sexuality assessment and the opportunity to incorporate a model in their practice that suits them. A program goal will be to increase nurses' awareness of sexuality assessment resources, so they will be equipped to develop plans of care tailored for individual SCT patients. The presentation will identify models and topics that will be integrated in the unit orientation plan. **Implication:** As identified in standards of oncology nursing practice, the oncology nurse systematically and continually collects data regarding the health status of patients, including sexuality. The revised orientation plan will improve patient care and education by enhancing nurses' ability to appropriately address patient's sexuality concerns.

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MAPPING GRAFT VERSUS HOST DISEASE AFTER ALLOGENEIC STEM CELL TRANSPLANT-A PROSPECTIVE APPROACH TO RECOGNIZE AND CAPTURE SIGNS AND SYMPTOMS OF GRAFT VERSUS HOST DISEASE (GVHD) AND EVALUATE TREATMENT EFFECTIVENESS

Romvari, E., Ruettgers, E. Washinton University, Saint Louis, MO.

Initial assessment begins pretransplant by recording information on a timed assessment calendar. It includes patient name, age, diagnosis, performance status, HLA matching status, source of stem cells (related, unrelated, hablo, cord) peripheral blood versus bone marrow, CD34/kg of graft, CD 3/kg of graft, departmental specific immunological reconstitution post transplant research protocol, banking protocol for donor/recipient pairs (DNA).

The post transplant portion of the assessment calendar uses a time line for fixed assessment dates: day zero, fourteen, thirty, sixty, one hundred, one hundred eighty, two hundred seventy and one year. A monthly or more frequent assessment is warranted if active GVHD is being treated. The validated assessment tool addresses all mayor systems and documents the onset and degree f the present organ involvement.

GVHD treatment methods are documented with specifics such as type of treatment, current dosage, onset, effectiveness- ineffectiveness and discontinuation. This also includes Standard of Care prophylaxis including: antibiotic, antiviral, anti fungal and anti PCP.

Clinical GVHD findings are validated whenever possible through tissue and blood sampling and other testing (such as skin, mucosal biopsies, blood markers, Schiller test).

A multidisciplinary team is formed to participate in the treatment of GVHD. The core team members are from departments of Dermatology, Ophthalmology, Pulmonology, GastroEnterology, Gynecology as well as Bone and Mineral, Physical therapy and Psychology. Regular discussion meeting dates are set to present current complex GVHD patient issues. The team also explores new treatment options.

Whenever possible the patient will be enrolled into institutional or national GVHD clinical trials. Literature searches for pertinent GVHD information and collegial information exchanges are encouraged. Consideration is given to non-traditional approaches for example acupressure-puncture.

A future goal is establishing a clinic for patients with prolonged severe clinical GVHD symptoms and those enrolled in GVHD clinical trials.

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THE ABCS OF BLOOD AND MARROW TRANSPLANTATION: A TRAINING PROGRAM FOR PEDIATRIC ONCOLOGY NURSES

Prokopiou, C., De La Cruz, D. University of Texas MD Anderson Cancer Center, Houston, TX.

The inpatient unit at the Children's Cancer Hospital at The University of Texas M D Anderson Cancer Center serves a combination of oncology and blood and marrow transplant patients. The nursing staff is trained to care for general oncology patients and blood and marrow transplant patients. Nurses caring for these patients require specialized training to meet the patients' needs. With this in mind, the instructor, clinical nurse specialist, and associate director developed educational guidelines for the nurses that would receive blood and marrow transplant training. The criteria included a minimum of one-year experience on the unit, attending the two-day pediatric blood and marrow transplant course, and a minimum of three precepted, clinical days by the clinical nurse specialist or instructor. The two-day training course includes hematopoiesis, complications, preparative regimens, standard operating procedures, and the nursing procedures. The pediatric transplant attending physicians, transplant coordinator, pharm D, instructor and clinical nurse specialist present lectures to the staff. The course is offered several times throughout the year with ongoing mentorship for the staff. The three twelve hour days of precepted training begin with the patient's admission day. The nurse, with the clinical nurse specialist or instructor, review the admission and chemotherapy orders, provide patient and family education regarding the transplant process and daily routine, and review the standard operating